

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18352

State File No. _____

Registrar's No. 35

FILED JUN 9 1943
Registration District No. 206

Primary Registration District No. 5747

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Morganau Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Louis Ann Pugh

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Hg. M. Pugh 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 8 1870 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 5 20 hr. min.

9. Birthplace Morganau Mo (City, town, or county) (State or foreign country)

10. Usual occupation Stenographer

11. Industry or business _____

MOTHER FATHER { 12. Name Celso Shirley
13. Birthplace N.C. (City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann
15. Birthplace Morganau Mo (City, town, or county) (State or foreign country)

16. (a) Informant Harry Pugh
(b) Address Fridricktown Mo

17. (a) Burial (b) Date thereof 5-31-1943 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shelby Park, Madison

18. (a) Signature of funeral director C. A. M. M. M.
(b) Address Morganau Mo

19. (a) May 30 1943 (b) S. A. S. Coughlin (Date received local registrar) (Registrar's Name and Address)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison
(c) City or town Morganau Rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 43 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from May 14 1943 to May 28 1943 that I last saw her alive on May 14 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 6 hours
Due to Arterio Sclerosis 34 yrs

Due to _____
Other conditions Chronic Nephritis (include pregnancy within 3 months of death)

Major findings: Of operations 1316
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature William Brown (M. D. Chas.)
Address Fridricktown Mo Date signed 5/30/43

JUN 9 1943

RECEIVED

District Health Officer No. 4
District File Number 643-2283
Date Filed 6-7-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4264

P. O. Address. Fredericktown, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.